

215050875
72752

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 072	Agency Case No. B5-112812	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/05/2015		(In Military Time) TIME OF ACCIDENT 1823	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1828	12/05/2015	
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N. Antelope Valley Pkwy/P-O St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		100.00		X		O St.
V1/M 09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13740773		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	YU WANG		PHONE	402-318-9559	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/01/1995	
G 4	OWNER	YU WANG		PHONE	402-318-9559	
H 1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB445211	
V1/O 1	LICENSE PLATE PA NO.	TSH233		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	2009	Acura	ATL	4 door Sedan	maroon / burgu	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
V1/P 1	VEHICLE ID NO. (VIN)	19UUA86249A021559		INSURANCE COMPANY	Progressive	
V2/P 1	TOWED TO	TOWED BY		POLICY NO.	904249605	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H12569941		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	STANLEY JONES		PHONE	402-560-0623	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	03/30/1952	
J 01	OWNER	STANLEY JONES		PHONE	402-560-0623	
K 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE PA NO.	TSL516		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
L 01	2010	Acura	AWT	4 door Sedan	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500
M 01	VEHICLE ID NO. (VIN)	19UUA9F24AA005548		INSURANCE COMPANY	Allied	
N 01	TOWED TO	TOWED BY		POLICY NO.	PPBM00121440966	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Seat Position	Eject
					Body Region	Injury Sev.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

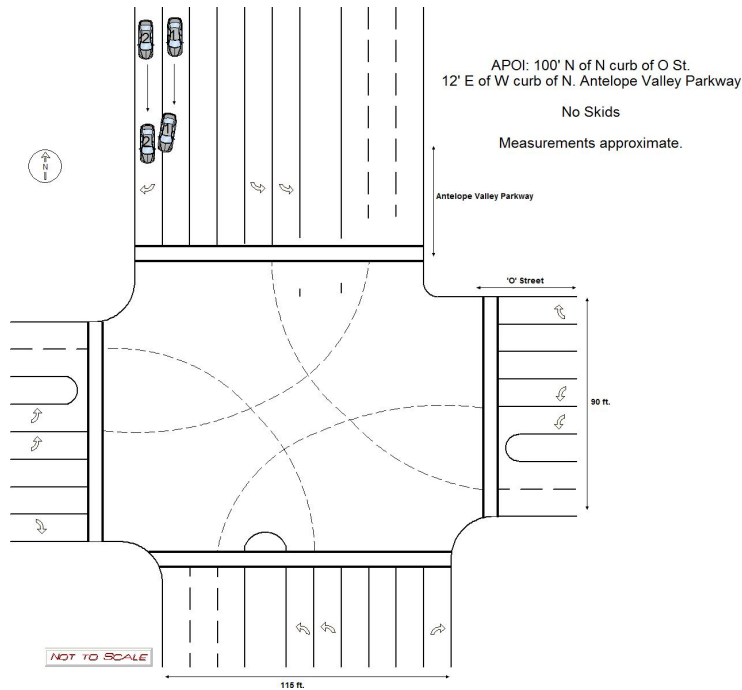
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112812



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh #1 was SB on N. Antelope Valley Pkwy between P to O St. in the inside lane of traffic going approximately 5-10 mph. Veh #2 was also SB on N. Antelope Valley Pkwy between P to O St. in the outside lane of traffic. Veh #1 then changed lanes and collided with Veh #1. Driver #1 said there was a problem with his rear view mirror and he did not see Veh #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1	1	VEH 2	1	
1		X			N. Antelope Val	POINT OF IMPACT	02	POINT OF IMPACT	07	4		2		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	
2		X			N. Antelope V	MOST DAMAGED AREA	02	MOST DAMAGED AREA	07	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Y		Y		
1	03	06 Turning left 07 Making U-turn				00 None	02	03	04	VEHICLE 2		VEHICLE 2		ALCOHOL LEVEL TESTED	N	X	N	X
2	01	08 Entering traffic lane				01		05		4		2		BAC LEVEL				
01 Essentially straight ahead					09 Leaving traffic lane	02		03	04	VEHICLE 2		VEHICLE 2		ALCOHOL/ DRUGS SUSPECTED				
02 Backing					10 Parked	08		07	06	4		2		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				
03 Changing lanes					11 Slowing or stopped in traffic									Driver No. 1 1				
04 Overtaking/ Passing					12 Other									Driver No. 2 1				
05 Turning right					13 Unknown									Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

OFFICER NO. 1654	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	INVESTIGATOR SIGNATURE Approved by Officer Benjamin Pflanz	DATE OF REPORT 12/05/2015
INVESTIGATOR NAME (Print or Type) Benjamin Pflanz				